

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90148 027 ****61.25

DOCUMENT # 758458

1. Entity Name
**THE PONTE VEDRA BREAKERS SOUTH CONDOMINIUM
ASSOCIATION, INC.**



Association Management
of Ponte Vedra
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

Association Management
of Ponte Vedra
3108 Sawgrass Village Circle
Ponte Vedra Beach, FL 32082

40093848



Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2210098	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONNOLLY, C P ASSOCIATION MGMT OF POINTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082				Name C.P. CONNOLLY Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082	
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.				FL Zip Code I am familiar with, and accept	
SIGNATURE C.P. Connolly				DATE 4-24-08	

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, RALPH		NAME		
STREET ADDRESS	39 WOODCREST AVE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30309		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, ANN		NAME		
STREET ADDRESS	521 HILLSIDE DR NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30342		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDIN, CAROLINE		NAME		
STREET ADDRESS	870 BURKSHIRE RD NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, DAVID		NAME		
STREET ADDRESS	17 W ANDREWS DR		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30305		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, FORREST		NAME		
STREET ADDRESS	655-D PONTE VEDRA BLVD		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **FORREST JENKINS** **4-29-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #